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District (if applicable)

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CAMPAIGN EXPENSES

Report Period # 2CIC
Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Committee to Elect Mike Carrigan	J	4-3-03	500.00
Committee to Elect Tony Armstrong	J	4-3-03	500.00

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District (if applicable)

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